

CCC-891

(04-26-02)

U.S. DEPARTMENT OF AGRICULTURE

Commodity Credit Corporation

APPLE MARKET LOSS ASSISTANCE PAYMENT (AMLAP) PROGRAM APPLICATION**Part A - General Information**

1. Name of Apple Operation	2. State Code	3. County Code	4. Program Year	5. Application Number
6. Contact Producer's Name and Address		7. Name and Address of County FSA Office		
Telephone No. (Include Area code)		Telephone No. (Include Area code)		

Part B - Eligibility Determinations (Producers should not complete or submit this form if the eligibility questions below indicate ineligibility.)

	YES	NO
8. Did the apple operation produce and harvest apples in the United States during the 2000 crop year?		
9. Did the apple operation receive a payment other than crop insurance, from any other Federal program for the market loss of apples?		
10. Do you understand that the CCC will perform random spot checks and request documentation?		

Part C - Apple Production

11. Crop Year 2000

LBS.

Part D - Producer's Certification

I certify that all the information entered on this application is true and correct and all persons involved in this operation have submitted the total pounds of apples produced and harvested during the 2000 crop year. I understand that the apple operation: (1) must have produced and harvested apples anytime during the 2000 crop year and has indicated above the production for the crop year; (2) must not have been compensated for the same market loss of apples by any other Federal program, except crop insurance; and (3) will be paid only up to a maximum of 5 million pounds of apple production which is equivalent to 119,047 bushels. To ensure that all program eligibility requirements are met for this apple operation, I understand that my apple operation maybe selected for spot check. If my apple operation is selected for spot check, I maybe required to provide any information that maybe required to determine program eligibility. Providing a false certification to the government is punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by the Commodity Credit Corporation. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 297, 3 71, 641, 651, 1001 and 1014; 15 USC 714m; and 31 USC 3729.

12. Producer's Signature	13. Producer's ID Number	14. Date (MM-DD-YYYY)	15. Share
			%
			%
			%
			%
			%

Part E - COC Determination

16. Signature of COC or Designee	17. Date Approved (MM-DD-YYYY)	18. Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2002 (Pub. L. 107-76). The information will be used to establish eligibility and determine payment amounts for the apple operations in the United States. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. This information maybe provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, maybe applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0210. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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